

Activities of the Direct Care Worker Advisory Council: Update and Report



Submitted to the Iowa General Assembly
January 17, 2012

Table of Contents

Executive Summary.....3
About the Direct Care Worker Advisory Council.....6
Update on Council Activities.....8
Federal Grant Pilot Project.....14
Contact Information.....17
References.....18

Executive Summary

Direct care is in high demand in Iowa, and the need for the highly specialized services and supports provided by direct care professionals will only grow in the coming decades. DCPs are already among the state's fastest growing professions, and Iowa Workforce Development projects the need for an additional 12,000 workers between 2008 and 2018 (December 2011). DCPs currently make up the largest workforce in the state and provide the vast majority of hands-on care and support to Iowans with disabilities, illnesses, and chronic conditions.

The demand for direct care offers many opportunities for economic and job growth in Iowa; however, numerous challenges for employers, direct care professionals, and consumers create barriers to successfully advancing the profession. The lack of standardized training for DCPs has contributed to significant training costs for employers and redundant retraining for DCPs to meet the requirements of multiple, isolated funders and regulators. Turnover in the profession is high, and the Direct Care Worker Advisory Council estimates that it cost Iowa employers \$126 million in 2011 (Direct Care Worker Advisory Council, 2011). Recruitment and retention are difficult because there are not many opportunities for advancement and recognition within the field. In addition, the lack of standards among the profession contribute to public and consumer misunderstanding about the training and skills of workers, making it difficult for Iowans to determine whether someone is qualified to do the job.

The challenges and opportunities with this workforce are being felt and recognized nationally, and Iowa has been proactive in addressing these issues by creating the Direct Care Worker Advisory Council to make recommendations regarding education, training, and credentialing of the direct care workforce. The goal of the Direct Care Worker Advisory Council is to develop a training and credentialing system that is nationally recognized, provides responsive and flexible training, promotes the highest quality of care, and develops career pathways to professionalize the direct care workforce in Iowa. The recommendations address the need for a qualified and stable workforce in Iowa by improving recruitment and retention.

The 2011 General Assembly in House File 649 charged the Council with:

- Estimating the size of the workforce
- Identifying information management system needs for the eventual board
- Piloting training and credentialing recommendations
- Conducting education and outreach
- Further developing recommendations regarding the governance and regulation of direct care professionals in the state

Since July 1, 2011, the Council has made significant progress on these activities and continues to advise IDPH as it engages stakeholders and tests the recommendations. Iowa is now well-positioned to serve as a national model for training and credentialing the workforce as part of a federal grant secured by IDPH. This report includes a general overview of progress of the Council on the activities and outcomes outlined in House File 649. A more detailed report regarding specific recommendations and activities will be submitted by the Direct Care Worker Advisory Council to the General Assembly by the required deadline of March 1, 2012.

Introduction

DCPs are on the frontlines providing the vast majority of hands-on care and support to Iowans with disabilities, illness and chronic conditions. Particularly in Iowa, where individuals are dispersed widely in smaller communities, maintaining continuity of care and medical homes can be difficult. Direct care professionals serve as the first line of detection and awareness because of their often close and consistent relationship with the individuals they serve. The majority of direct care professionals work in home-and-community-based settings, and play an integral role in enhancing the quality of life of the individuals they serve by providing assistance and support in achieving goals, performing everyday tasks, and contributing to their communities.

The Direct Care Worker Advisory Council estimates that there are approximately 55,000 direct care professionals (DCPs) in Iowa, making them the largest workforce in the state and a huge driver of the state's economy. Direct care is one of the fastest growing workforces in the state. Iowa Workforce Development projects the need for an additional 12,000 direct care professionals between 2008 and 2018 (December 2011). Nurse aides and home health aides rank in the top ten for number of new openings annually in Iowa (Iowa Workforce Development, 2011). It is no wonder that it is a profession in high demand. In 2030, at least 20 percent of residents will be age 65 or older in 88 of Iowa's 99 counties. In 2000, only 30 of Iowa's counties had this make-up (Iowa Department on Aging, 2011). And more Iowans are receiving direct care services at home – demonstrated by a 36 percent increase in Medicaid members receiving home-and-community-based waiver services between 2005 and 2010.

Nationally, DCPs contribute \$56 billion annually in personal income to support local economies (PHI, 2008). In addition, direct care professionals make a direct impact on the economy by supporting Iowans who are caring for family members at home and balancing work and caregiving responsibilities. Nationally, "the lost productivity of family caregivers who are also employed full time is estimated to cost employers \$33.6 billion annually" (PHI, 2008, p. 4). DCPs, in partnership with family members, offset what could potentially be many more billions to pay for more costly and higher levels of services.

Despite the positive contributions of the workforce to the economy and overall health and well-being of Iowans, many challenges exist within the profession. Plagued by high turnover, low wages, and high injury rates, stability within the workforce is difficult to maintain. Most of the profession lacks standardized training, which leads to costly redundancy in training across the

Direct care professionals (DCPs) are defined as individuals who provide supportive services and care to people experiencing illnesses or disabilities and receive compensation for such services. DCPs are the front-line of Iowa's health, support, and long-term care professions, providing hands-on care and support to individuals of all ages and abilities in settings that range from services in home-and-community-based settings to acute care in hospitals.

industries that provide direct care services. Iowa employers spent \$126 million in 2011 to advertise and re-train to fill vacancies (Direct Care Worker Advisory Council, 2011). Turnover not only impacts staffing levels, but continuity of service, workplace morale, and important relationships with the individuals served. Ultimately, the individuals being served have little or no understanding of the qualifications of the DCPs who provide them with services and supports in their homes, residential care facilities, assisted living, nursing homes, and other settings.

With Iowa's growing aging population and increased emphasis on providing community supports to people with disabilities, it will be critical for the state to have a trained workforce ready to meet these needs. Therefore, the Council's goal has been to create a stable and qualified workforce to fill the growing need for direct care while also reducing costs and improving quality. The recommendations developed by the Council are now being piloted and showcased as part of a national effort to develop a training and credentialing model for the country. Iowa's leadership in this arena is reflective of both the growing demand for direct care and the state's commitment to innovation and creativity.

About the Direct Care Worker Advisory Council

In response to concerns about the growing demand for the workforce, the Direct Care Worker Advisory Council was established in 2008 in House File 2539. The Council is charged with advising the Iowa Department of Public Health regarding training and certification of direct care professionals. The Council is made up of a diverse group of stakeholders representing the distinct services and settings of direct care. Members include direct care professionals, employers, educators, other health, support and long-term care representatives, and appropriate state agencies.

The Council's work has focused on developing a training and credentialing model intended to:

- Develop standardized training competencies for all direct care professionals
- Create training that is responsive to changing work environments, job duties and responsibilities of direct care professionals
- Reduce the negative impact of turnover and retraining costs for health, support and long-term care providers
- Create accessible training that will positively impact the supply of qualified workers
- Collaborate with national competencies and credentials so that Iowa's training and credentials are portable and can be recognized nationally
- Create statewide recognized credentials that denote minimum training and standards
- Create career pathways that support professionalization of the workforce

In House File 2526 (2010), the Iowa General Assembly charged the Council with estimating the size of the workforce, identifying information management system needs for the eventual board, piloting training and credentialing recommendations, conducting education and outreach, and further developing recommendations regarding the governance and regulation of direct care professionals in the state. House File 649 in 2011 continued the work of the Council in these areas.

The Iowa General Assembly appropriated \$149,000 to IDPH for FY 2012 support of the Council's activities. Oversight and contract management of the Direct Care Worker Advisory Council's activities are conducted as part of an existing staff position within IDPH. The Legislature authorized an additional position for implementation of the legislatively-directed activities, but it was denied by Department of Management. Therefore, \$130,000 is currently utilized through a contract with State Public Policy Group (SPPG) to support the Direct Care Worker Advisory Council. SPPG's responsibilities include scheduling and facilitating Council meetings, coordinating meetings of the four committees, developing materials and products for the Council, conducting statewide education about the Council's recommendations, and ensuring the Council meets legislative requirements for outcomes.

The Advisory Council has met three times since July of 2011, and committees have met on an as-needed basis during that time. A list of the members is provided below.

Advisory Council Members

Ann Aulwes Allison, Registered Nurse, Iowa Board of Nursing, Ottumwa

Beth Bloom, Direct Care Professional, West Des Moines

Matthew Clevenger, Certified Nursing Assistant, Certified Medication Aide, Iowa Healthcare Association, Altoona Nursing and Rehab, Altoona

Marcia Driscoll, Registered Nurse, Program Director, HOE, Kirkwood Community College, Cedar Rapids

Di Findley, Executive Director, Iowa CareGivers Association, Des Moines

Diane Frerichs, Council Co-Chair, Certified Nursing Assistant, Restorative Nursing Assistant, Good Samaritan Society of Estherville, Estherville

Vicky Garske, Resident Treatment Worker and Certified Medication Aide, Iowa Veterans Home, Montour

Linda Matkovich, Executive Director, H.O.P.E., Des Moines

Anne Peters, Owner, Home Instead Senior Care, West Des Moines

Ann Riley, Deputy Director, Iowa's University Center for Excellence on Disabilities, Center for Disabilities and Development, Iowa City

Suzanne Russell, Council Co-Chair, Registered Nurse and Executive Director, Home Caring Services, Burlington

Lin Salasberry, Certified Nursing Assistant, Des Moines

Marilyn Stille, Iowa Association of Community College Trustees and Health Occupations Coordinator, Northwest Iowa Community College, Sheldon

Anita Stineman, Clinical Assistant Professor, University of Iowa College of Nursing, Iowa City

Mike Van Sickle, Iowa Association of Homes and Services for the Aging and Administrator, Bethany Lutheran Home, Council Bluffs

Teresa Tekolste, Human Resource Manager, Mosaic, Des Moines

Lisa Uhlenkamp, Director, Quality and Clinical Care Services, Iowa Health Care Association, West Des Moines

Anthony Wells, Certified Nursing Assistant, CHPNA, Sibley Nursing & Rehab Center, Sibley

State Agency Representatives

Erin Drinnin, Project Manager, Direct Care Workforce Initiative, Iowa Department of Public Health, Des Moines

Terry Hornbuckle, Community Service Coordinator, Iowa Department on Aging, Des Moines

Melanie Kempf, Local Long Term Care Ombudsman, Iowa Department on Aging, Des Moines

Susan Odell, Training Officer, Iowa Department of Inspections and Appeals, Des Moines

Pat Thieben, Health Science Consultant, Iowa Department of Education, Des Moines

Bev Zylstra, Deputy Director, Iowa Department of Inspections and Appeals, Des Moines

Update on Council Activities

House File 649 (and in 2010, HF 2526) defined the role of the Council during Fiscal Years 2011 and 2012, and the Council has made significant progress toward completing the five tasks outlined by the legislation. The Council is also currently drafting, with the assistance of IDPH and SPPG, a final report to the general assembly that is due March 1, 2012 and includes detailed updates on Council recommendations and activities.

In order to complete the work in a timely fashion, the Council established four committees – Curriculum, Governance, Workforce Data, and Outreach. All members of the Council are assigned to two committees; additional individuals have been and will continue to be invited to serve on committees to incorporate desired expertise. Council Committees have convened for two meetings outside of Council meetings to make necessary progress and devote adequate time to complex issues.

In addition to building upon their own previous work, the Council is also working to partner and leverage efforts of other stakeholders with common goals. Council members are aware of the Money Follows the Person grant led by Iowa Medicaid Enterprise, and they have stayed informed of the progress of the Mental Health and Disability Redesign meetings led by the Department of Human Services. IDPH is working closely with Iowa Medicaid Enterprise to ensure alignment with the new online training available for disability and home and community-based providers, College of Direct Support. It is important to the work of the Council that efforts be aligned to avoid duplication and ensure seamless coordination and flexibility of training among the various stakeholders.

The Direct Care Worker Advisory Council and IDPH have been charged with completing five areas of work, which are described in more detail below:

- Estimate the size of the direct care workforce by identifying current workforce data being collected, who is currently collecting the data, gaps in the existing data, and the collection methods necessary to address such gaps.
- Identify the information management system required to facilitate credentialing of direct care workers and estimate the costs of development and maintenance of the system.
- Continue developing guidelines for a pilot of the training and credentialing model developed by the Council.
- Develop an education and outreach campaign and initiate initial outreach activities.
- Continue progress on recommendations regarding the categories of direct care workers to be credentialed, the makeup of the Board, the grandfathering process, and the timeline for credentialing.

Estimate the size of the direct care workforce by identifying current workforce data being collected, who is currently collecting the data, gaps in the existing data, and the collection methods necessary to address such gaps.

The Direct Care Worker Advisory Council reported on the effort to estimate the workforce in the interim report that was provided in March of 2011 (found at www.idph.state.ia.us/directcare/Council.aspx). The Council, in an effort led by Iowa Workforce Development, conducted extensive research and developed an estimate of 50,000-55,000 direct care professionals in Iowa. A detailed description of the process used to develop the estimate is provided in the Council's interim report. The chart below outlines the three current job categories for the workforce, and provides total estimated DCPs through 2014.

Occupational Title	Estimated Annual	2009	2010	2011	2012	2013	2014
	Employment Growth	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Home Health Aides	4.3%	11,553	12,050	12,568	13,108	13,672	14,260
Nursing Aides, Orderlies, and Attendants	1.9%	23,566	24,014	24,470	24,935	25,409	25,892
Personal and Home Care Aides	4.0%	12,369	12,864	13,378	13,913	14,470	15,048
Total Estimated DCPs		47,488	48,927	50,416	51,957	53,551	55,200
Estimate - 10%		42,739	44,035	45,375	46,761	48,196	49,680
Estimate + 10%		52,237	53,820	55,458	57,152	58,906	60,720

It is generally recognized that there are significant gaps in data about the direct care workforce in Iowa and nationally. The Council found no available, comprehensive, unduplicated source of data for the number of direct care professionals in the workforce serving people with disabilities, those providing home health services in any setting, or practicing Certified Nurse Aides (CNAs). The sources that were selected to develop the estimates were determined to be the most comprehensive and unduplicated, although there are still gaps and therefore inaccuracies in the data. In a major step to improve data collection, Iowa Medicaid Enterprise incorporated workforce data collection questions into its annual home-and-community-based provider survey. Once evaluated, the Council intends to update its estimates to reflect the additional information. The interim report of the Council, submitted in March of 2011, includes a detailed list of additional sources considered for inclusion in the estimate.

Although it is valuable to have information from various industries and settings, it is still practically impossible to ensure accurate data, particularly since DCPs often work for multiple employers and move in and out of the workforce. Ultimately, the recommended Board of Direct Care Professionals will house an information management system that will maintain information about all credentialed DCPs, providing the first-ever and most accurate picture of the entire direct care workforce in Iowa.

Identify the information management system required to facilitate credentialing of direct care workers and estimate the costs of development and maintenance of the system.

A vendor has been selected to develop the information management system for the Iowa Department of Public Health. The vendor, CSDC Systems, won a competitive bid for a master agreement with the State of Iowa. To date, several other professional boards, including the Dental Board, Board of Nursing, the Medical Board, the 19 boards operated by IDPH's Bureau of Professional Licensure, the eight boards operated by Commerce's Professional Licensing Bureau, and the elevator inspections permitting within Iowa Workforce Development, have selected CSDC for their licensing software.

The online system will not only provide a user-friendly website for applying for and maintaining credentials, but it will offer valuable information to the public. Consumers and employers will be able to look up DCPs online to verify credentials and check for history of discipline by the Board of Direct Care Professionals. The online system will also collect data about the workforce that is not currently available. The data will assist IDPH, Iowa Workforce Development, and other state agencies in making projections about workforce trends and demand. Data will include demographics, criminal history, education, employment, and additional information, including race/ethnicity, languages spoken, practice setting, type of position, wage/salary, and career plans.

A prototype of the system will be delivered by the vendor early in 2012, with the final system to be complete by September of 2012. Financing for the information management system is being provided by a combination of federal grant funding and the State of Iowa IOWAccess Revolving Fund. This fund provides start-up support for applications that provide citizens with ready online access to State data and services. An update on estimated costs for development and maintenance of the system will be included in the March report from the Council.

The members of the Direct Care Worker Advisory Council developed the recommendations that are currently guiding the creation of the information management system. The Council outlined the purpose, needed capabilities, and data collection for the system. IDPH will continue to work closely with the Council as the system is developed. Council members will review and provide feedback on the prototype, and will test important aspects to ensure it is easy to use and meets the intended purpose.

Continue developing guidelines for a pilot of the training and credentialing model developed by the Council.

The Direct Care Worker Advisory Council's activities and feedback are essential to successful implementation of a separately-funded pilot project led by IDPH. The strategic plan developed by the Council in May of 2010 served as the basis for IDPH's application for the Personal and Home Care Aide State Training (PHCAST) Grant. Grant activities include curriculum development, implementation of pilot training, early retention intervention and mentor training for

direct care professionals, establishment of the information technology system for credentialing and tracking the workforce, and evaluation activities.

The grant-funded activities require significant funding and staff resources beyond the scope and capacity of current state-funded Council work. The Direct Care Worker Advisory Council's ongoing activities and recommendations inform the grant activities. The Council continues to provide guidance regarding Board composition and responsibilities, as well as the credentialing process for new and existing workers. In addition, the Council will play a critical role providing ongoing feedback as outcomes from the evaluation better inform previous recommendations.

The Direct Care Worker Advisory Council has achieved consensus on career pathways and the framework for credentialing. The recommendations call for completion of the core training and certification as a Direct Care Associate for all workers, with advanced certifications available in personal support, health support, and community living. In addition, specialty endorsements will be available to all workers. The Council is recommending exemption for family caregivers being compensated through Medicaid's Consumer Choice Option. (Refer to the Pathways Diagram on the next page.) The curriculum, certifications, specialty training, and grandfathering of current workers will all be tested in the pilot project. The grant funding and pilot project are described in more detail below, under Federal Grant Pilot Project.

SPECIALTY ENDORSEMENTS

Autism, Alzheimer's/Dementia, Advanced Nurse Aide, Brain Injury, Crisis Intervention, Hospice & Palliative Care, Medication Aide, Medication Manager, Mental Health, Mentoring, Positive Behavior Supports, Paid Nutritional Assistant, Psychiatric Care, Rehab Aide, Wellness & Prevention

Specialty Endorsements will be developed by experts in those subject or professional areas and approved by the Iowa Board of Direct Care Professionals. Specialty Endorsements currently have or may have unique regulatory requirements.

Optional education open to all Certified Direct Care Associates. Some Endorsements may be required for workers based on regulations for those specialties.

Requirements: Active Certification status

Credential Received: Endorsement

Continuing Education: Determined separately for each Endorsement. Continuing education completed for a specialty will count toward hours to maintain Certification or Advanced Certifications.

Title: Determined separately for each Endorsement.

CORE TRAINING

CORE

Direct Care Associate

Basic foundational knowledge and introduction to profession. Required for all direct care professionals, except individuals who are:

- » providing direct care services and are not paid for the services
- » providing direct care services to family and are paid through the Medicaid Consumer Choice Option

Requirements: Must meet minimum age for employment and pass a background check to be employed.

Credential Received: Certification; must be renewed every two years

Continuing Education: 6 hours every two years

Title: Direct Care Associate

ADVANCED TRAINING MODULES



Home & Community Living

Services to enhance or maintain independence, access community supports and services, and achieve personal goals.



Instrumental Activities of Daily Living

Services to assist an individual with daily living tasks to function independently in a home or community setting.



Personal Support

Services to support individuals as they perform personal activities of daily living.



Personal Activities of Daily Living

Services to assist an individual in meeting their basic needs.



Health Monitoring & Maintenance

Medically oriented services to address health needs and maintaining health.

ADVANCED TRAINING CREDENTIALS

Community Living Professional

Optional education open to all Certified Direct Care Associates.

Requirements: CORE + HCL + IADL + PS + active Certification status

Credential Received: Advanced Certification; must be renewed every two years

Continuing Education: 18 hours every two years

Title: Community Living Professional (CLP)

Personal Support Professional

Optional education open to all Certified Direct Care Associates.

Requirements: CORE + PS + PADL + IADL + active Certification status

Credential Received: Advanced Certification; must be renewed every two years

Continuing Education: 18 hours every two years

Title: Personal Support Professional (PSP)

Health Support Professional

Optional education open to all Certified Direct Care Associates. Certification is required for individuals performing health support functions in nursing facilities and home health/care agencies.

Requirements: CORE + HMM + PADL + active Certification status

Credential Received: Advanced Certification; must be renewed every two years

Continuing Education: 18 hours every two years

Title: Health Support Professional (HSP)

Develop an education and outreach campaign and initiate initial outreach activities.

The outreach committee outlined three global phases for outreach. These phases are basic public education, pilot announcement and activities, and finally, system implementation and establishment of the board. The Council has approved Direct Care Professional (DCP) as the name for the workforce. SPPG has developed and the Council has approved branding for their work and the pilot activities. The effort, named the Iowa Direct Care Workforce Initiative, features the IDPH logo and is used by all partners and for Council outreach products.

IDPH unveiled a new website in early 2011 – www.idph.state.ia.us/directcare - that is used as a communication tool and provides updated announcements and information about the initiative. A stakeholder network distribution list now has more than 850 members and is being used to inform stakeholders and individuals of opportunities to participate in the project. Numerous publications have been developed including informational flyers, a display stand, graphics with descriptions of Council recommendations, template presentations for outreach, and a toolkit to support project partners as they conduct their own outreach.

IDPH, SPPG, and Council members and partners have participated in numerous presentations, peer-to-peer education and informational trainings as the first two phases of outreach are implemented – basic public education and pilot announcement and activities. Webinars were conducted in November of 2011 with more than 60 direct care professionals participating. Direct care professionals co-led the informational sessions to educate their peers about the Council, the pilot project, and how DCPs can be involved in the project.

Through the federal grant, a statewide network of direct care professionals and employers, known as Direct Care Workforce Initiative Ambassadors, is being established. Ambassadors will conduct local outreach to prepare for implementation, will support the Department with stakeholder expertise related to implementation, and will provide local technical assistance and respond to information requests. SPPG conducted outreach about the program and collected applications from interested individuals. Approximately 25 were selected to serve as Ambassadors around the state. The program kicked off with orientation meetings for new Ambassadors in November and December 2011. Ambassadors have already begun leading outreach efforts across the state as they meet with their peers, hold informational sessions, and act as a local resource for the initiative.

Continue progress on recommendations regarding the categories of direct care workers to be credentialed, the makeup of the Board, the grandfathering process, and the timeline for credentialing.

Detailed information about the Council's recommendations will be provided in the Council's final report in March. To date, the Governance Committee of the Council has made progress in the following areas:

- The framework for credentialing. The framework describes credentials direct care professionals would receive, outlines requirements for credentialing, and explains how credentialing will be applied.
- The diagram that illustrates career pathways and credentials available according to the Council's recommendations.
- Recommended requirements and standards for continuing education.
- Recommendations for composition of the Board of Direct Care Professionals.
- Requirements for instructors.
- Process for approving curriculum that meets competencies established by the Council.
- Ongoing development of the process to be used to transition existing direct care professionals into the newly established credentials (also known as grandfathering).

The estimated timeline for development and implementation of the credentialing system is as follows:

May 2012	Board of Direct Care Professionals established
September 2012	Board members appointed
September 2013	Pilot project complete
December 2013	Rules review process complete
January 2014	New credentialing system in place

Federal Grant Pilot Project

The Iowa General Assembly charged the Direct Care Worker Advisory Council with developing and reporting on a pilot project. Since state funds are insufficient to accomplish a pilot, IDPH wrote and received a federal grant from the Health Resources and Services Administration – the Personal and Home Care Aide State Training (PHCAST) Grant – to test the recommendations established by the Council. Although the pilot project is being separately funded and administered by IDPH, the Direct Care Worker Advisory Council is integrally involved in activities by providing information and support to IDPH. The state investment in the Council's activities provides the framework and direction necessary for implementation of the federally-funded pilot project.

The pilot allows IDPH to test recommendations and make necessary changes before implementing any training or credentialing activities statewide. Activities include curriculum development, implementation of training, establishment of the information management system, DCP retention and mentoring support, and data collection and evaluation. Iowa is one of only six states awarded funding for the project, and the outcomes of this project are contributing to development of a national model for training direct care professionals. This project is providing the funding needed for Iowa to realize the goal of developing a direct care training and credentialing system that is nationally recognized, provides responsive and flexible training, promotes the highest quality of care, and develops career pathways to professionalize the direct care workforce in Iowa.

Specifically, the grant is piloting the recommendations with home health aides and personal and home care aides. In Iowa, home health aides and personal and home care aides are projected to be in high demand among all professions in the state. In Iowa, home health aides and home care aides rank as the fourth and fifth fastest-growing occupations generating the most jobs between 2008 and 2018 (Iowa Workforce Development, 2011). This growth comes at a time when the direct care workforce continues to age. In 2010, 89 percent of direct care professionals were women and the average age was 42 years old, with a slightly higher average age for those employed in home care settings (PHI, 2011). Although this pilot project focuses on the home health aides and personal and home care aides, Northeast Iowa Community College was recently awarded a Department of Labor grant (Trade Adjustment Assistance Community College and Career Training Grant), which includes a partnership with IDPH to pilot the remaining training and credentialing for the other sector of the workforce – DCPs who provide health supports in facilities and home settings.

Iowa just entered its second year of the three-year project. IDPH has contracted with seven pilot sites, including two community colleges, in two regions of the state. The community colleges are partnering with additional employer organizations that will commit to sending direct care professionals to the training. The DCPs participating in the pilot project work in a variety of settings, including homes, residential care facilities, supported employment, and adult day programs. Direct care professionals participating in the project provide services and care to individuals with health conditions as well as disabilities. Project participants will receive an interim credential to be fully recognized by the state when the credentialing system is implemented statewide.

Mentoring and retention

Research demonstrates the value of peer mentor programs for direct care professionals. Mentor programs, in which a DCP mentors another DCP, can improve recruitment, retention, work environment, and provide opportunities for career advancement. As a component of the federally-funded project, all pilot sites are developing or enhancing a peer mentor program. To support employers in this endeavor, Iowa CareGivers Association developed a Mentor Program Management Toolkit (accessed here: http://www.iowacaregivers.org/programs_and_events/mentor_program.php), which provides a step-by-step guide, resources, and templates for developing and maintaining a peer mentor program. The project evaluation will measure outcomes related to retention and job satisfaction for mentors and mentees participating in the project.

Curriculum development

IDPH is using a three-phase approach for curriculum development and review. Each of the five modules (Core, Home and Community Living, Instrumental Activities of Daily Living, Personal Support, and Personal Activities of Daily Living) is first drafted by a work group made up of between five and eight individuals representing the settings in which those skills are used. After the initial drafting, the Direct Care Professional Education Review Committee, a selected committee of six DCPs, provides feedback. Then, a resource review committee made up of additional stakeholders (mostly employers) reviews the training module and provides feedback.

The pilot sites are also offered an opportunity to review and provide feedback before implementing the training. Instructor training for all modules will take place in March and April of 2012, with training expected to begin right away. Instructors in the pilot sites will play a key role in adding value to the curriculum by providing additional resources as well as direct feedback about the curriculum. Quarterly instructor meetings are set to begin in June of 2012.

Information management system development

The information management system will provide IDPH with a sophisticated way of tracking the workforce and allowing individuals to apply for and maintain credentials online. At the time of application, DCPs will be asked to provide demographic and other information to assist Iowa in tracking and making projections for the workforce. Consumers and employers will utilize the public look-up function to determine the qualifications and credentials of DCPs. Workers will receive recognition for the training they have received, and be able to demonstrate competency and qualifications to potential employers and consumers.

A vendor was selected for development of the system, and initial planning and design have taken place. A prototype of the system will be delivered early in 2012, with the final system to be complete by September of 2012. Funding is being provided by a combination of federal grant funds and the IOWAccess Revolving Fund. More detailed information about the functions of the system and the costs will be provided in the Council's final report due by March 1, 2012.

Outreach

An important component of the project is to educate direct care professionals, employers, consumers, and policymakers about the proposed curriculum and credentialing. Through the federal grant, a statewide network of direct care professionals and employers, known as Direct Care Workforce Initiative Ambassadors, is being established. Ambassadors will conduct local outreach to prepare for implementation, will support the Department with stakeholder expertise related to implementation, and will provide local technical assistance and respond to information requests. SPPG conducted outreach about the program and collected applications from interested individuals. Approximately 25 were selected to serve as Ambassadors around the state. The program kicked off with orientation meetings for new Ambassadors in November and December 2011. Ambassadors have already begun leading outreach efforts across the state as they meet with their peers, hold informational sessions, and act as a local resource for the initiative.

The interest in the program grows daily, and IDPH anticipates adding another cohort of ambassadors soon. Council members and pilot sites have assisted in coordinating presentations to key stakeholder groups, and they play a key role in crafting messaging about the project.

Timeline and Ongoing Role of the Council

Upcoming activities of the pilot project:

March 2012	Pilot training and data collection begins
May 2012	Leadership trainings for DCPs
June 2012	Mentor trainings for DCPs
August 2012	Qualitative data collection begins
September 2013	Pilot is complete

The Council's ongoing work and activities will be instrumental to IDPH's ability to evaluate and update recommendations based on the pilot project. The Council members have an important role in representing the vast diversity within the field and providing necessary input into how the system will eventually be implemented. The Council will play an ongoing role in not only updating the recommendations as the evaluation informs the work, but connecting with larger groups for input and information-sharing as they are currently the 'spokespeople' for the model of training and credentialing that Iowa is pursuing.

Contact Information

Erin Drinnin
Project Manager, Direct Care Workforce Initiative
Bureau of Oral and Health Delivery Systems
Iowa Department of Public Health
erin.drinnin@idph.iowa.gov
515-281-3166

References

Direct Care Worker Advisory Council. (February 2011). Cost of Turnover in the Direct Care Workforce.

Iowa Workforce Development. (2011). Iowa's Workforce and the Economy 2011. Found at: <http://iwin.iwd.state.ia.us/pubs/pubs/iowaworkforceandtheeconomy.pdf>.

Iowa Department on Aging. (2011). Older Iowans: 2011. Found at: <http://www.aging.iowa.gov/Documents/Statistics/OlderIowans2011.pdf>.

Iowa Workforce Development. (December 2011). Career and Education Outlook 2008 – 2018. Found at: <http://iwin.iwd.state.ia.us/iowa/ArticleReader?itemid=00004049>.

PHI. (February 2011). Who are Direct Care Workers? Found at: <http://www.directcareclearinghouse.org/download/NCDCW%20Fact%20Sheet-1.pdf>.

PHI. (2008). Eldercare/Disability Services: Untapped Engine for Job Creation and Economic Growth. Found at: <http://www.directcareclearinghouse.org/download/PHI%20FactSheetNo2.pdf>.